

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
for FY 2007**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 540

Approved for filing on 04/27/2009 by 0851-0033
U.S. Patent and Trademark Office, U.S. Department of Commerce
Under the Paperwork Reduction Project (04/27/2009) a person is required to complete this application in full before filing it with the USPTO.

CENTRAL FAX CENTER

Complete if Known

| | | |
|----------------------|----------------------|--------------------|
| Application Number | 10/030,766 | APR 27 2009 |
| Filing Date | October 22, 2001 | |
| First Named Inventor | Sin Hui Cheah et al. | |
| Examiner Name | Daniel R. Sellers | |
| Art Unit | 2614 | |
| Attorney Docket No. | RCA88520 | |

METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER 24498

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____
- ☒ Deposit Account Deposit Account Number: 07-0832 Deposit Account Name: THOMSON LICENSING LLC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
- Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|
|--------------|--------------|----------|---------------|

| | | | |
|------------|---|---|--|
| -20 or HP= | x | = | |
|------------|---|---|--|

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
|---------------|--------------|----------|---------------|

| | | | |
|------------|---|---|--|
| - 3 or HP= | x | = | |
|------------|---|---|--|

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
|--------------|--------------|--|----------|---------------|

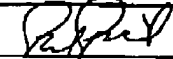
| | | | | |
|---------|--------|--------------------------------|--|--|
| - 100 = | / 50 = | (round up to a whole number) x | | |
|---------|--------|--------------------------------|--|--|

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Appeal Brief Fee

Fees Paid (\$)**540****SUBMITTED BY**

| | | | | | |
|-------------------|---|--------------------------------------|--------|-----------|--------------|
| Signature |  | Registration No. (Attorney/Agent) | 40,677 | Telephone | 609-734-6816 |
| Name (Print/Type) | Paul P. Kiel | | | Date | 04/27/2009 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. This will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22315-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22315-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-755-4179) and select option 2.

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APR 27 2009

PTO-929 (7-05)
Approved for use through 6/30/2007, OMB 0001-0033
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Project 1596-0066, the Director is hereby authorized to accept this information as a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

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for FY 2007**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 540**Complete if Known**

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| Examiner Name | Daniel R. Sellers |
| Art Unit | 2814 |
| Attorney Docket No. | RCA89520 |

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2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

210

105

Multiple dependent claims

370

185

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

_____ -20 or HP= _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

_____ - 3 or HP= _____ x _____ = _____

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| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------------|--------------------|--|----------|---------------|
| _____ - 100 = _____ | _____ / 50 = _____ | (round up to a whole number) x | _____ | _____ |


4. OTHER FEE(S)

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340

SUBMITTED BY

| | | | | | |
|-------------------|---|--------------------------------------|--------|-----------|--------------|
| Signature |  | Registration No. (Attorney/Agent) | 40,677 | Telephone | 609-734-6615 |
| Name (Print/Type) | Paul P. Kist | | | Date | 04/27/2009 |

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